

Council on Criminal Justice and Behavioral Health (CCJBH)

Summary from April 30, 2020, Council Meeting addressing the impacts of COVID-19 on the criminal justice and behavioral health community and resources

**Meeting Summary Report
Thursday, April 30, 2020**

Purpose: Today's meeting will facilitate dialogue with critical state and local partners in policy and program implementation to identify critical issues and potential solutions in the immediate response to COVID-19 to address the unique needs of individuals in the intersection of behavioral health and justice systems. CCJBH will solicit feedback regarding budget issues that should remain a priority despite significant fiscal constraints, and discuss any legislative initiatives that should remain a priority and are critical to support solutions for current and future challenges.

This report summarizes issues discussed at the meeting, as well as collected via a survey, regarding critical issues and potential solutions, key themes and areas of consensus.

[Link to CCJBH COVID-19 Resource Guide](#)

State-Level Strategies to Address COVID-19 Challenges

Secretary Diaz, California Department of Corrections and Rehabilitation (CDCR): Secretary Diaz shared the current number of positive COVID-19 cases as well as individuals in quarantine due to possible exposure. Most positive cases are coming out of two southern California prisons. There are strong concerted efforts to keep staff and inmates safe. CDCR is also as transparent as possible. CDCR has established a COVID-19 website at <https://www.cdcr.ca.gov/covid19/>, where daily updates provide the latest information on cases, conditions, and efforts to ensure public safety and the health of people and communities. Secretary Diaz noted that besides the well-being of staff and inmates, his current concerns focused on the critical supply chain needed to make sure we are reducing COVID-19 cases, noting that testing is crucial to make sure we are mitigating risk. Other significant challenges include providing effective warm handoffs, housing, and the necessary flow of individuals, such as to attend regular court proceedings. The Secretary noted that parole is using video conferencing in place of home visits, unless there is a search that needs to be conducted or public safety is compromised and that violations have plummeted.

[CDC Guidance on Correctional Facilities during COVID 19.](#)

Kathleen Howard, Executive Director, Board of State and Community Corrections (BSCC): The BSCC is a statutory board that reports directly to the Governor. It is a 13-member board that has responsibilities at the county level. The board regulates and inspects county jails and juvenile facilities, administer grants, trains correctional officers, and has research functions. Due to COVID-19, some policies and procedures are being suspended, such as in-person visitation. The BSCC sent out guidance about how to mitigate risk and provided information regarding video visits to keep inmates connected. The board provides guidance and information, updated approximately every two weeks, regarding the suspension of programs at the county level. This guidance can be found on the BSCC website <http://www.bscc.ca.gov/>. The BSCC facilitates the Adult Reentry Grants (ARG) program, which provides funding to approximately 70 Community-Based Organizations (CBO)'s to support rental assistance and warm handoffs. The BSCC recently conducted surveys of those grantees to see what their capacity is to provide services to those currently coming out of incarceration. Using software, the BSCC has been posting current information on the website regarding weekly population updates in adult and juvenile facilities, as well as the number of bookings and releases related to COVID-19— you can review this information at:

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<http://www.bscc.ca.gov/news/services-available-for-people-newly-released-from-prison/>. The BSCC is also working on grants to provide services that are delivering care remotely.

Adult Reentry Grant Program

Corrin Buchanan, Assistant Director of Housing and Homelessness, Department of Social Services

(DSS): Project Roomkey is an effort that is in direct response to the need for non-congregate shelter opportunities for those that are homeless during the COVID-19 crisis. This program consists primarily of hotels, motels, and trailers. The homeless population that qualifies are, 1) those that are COVID-19 positive 2) those exposed to COVID-19 or, 3) those that are at high risk for medical complications if they were to become infected (i.e., those over 65 years of age or individuals that have underlying health issues). The primary goal of Project Roomkey is to protect the lives of our most vulnerable population in response to COVID-19, reduce the risk of community transmission, and protect against hospital surge. This program is locally run but state-supported. DSS has a goal to provide 15,000 units to this vulnerable population. The latest numbers available indicate the contracting of 12,647 units at the county level. The initiative receives funding as part of 150 million dollars that the state has made available to address homelessness. The state is exploring options in the case that counties wish to purchase the hotels/motels that are currently being used. Those on probation and parole who meet all other eligibility should receive a referral to Project Roomkey. For more information, use the following link to find your local point of contact:

<https://cdss.ca.gov/Portals/13/FEMA/202004-County-Project-Roomkey-Public-Point-of-Contacts.pdf>. This

program mainly targets individuals with behavioral health issues and those who are justice-involved because traditionally, they are at higher risk for COVID-19.

BCSH guidance for providers on homelessness

Project Roomkey

FAQ from DHCS

Stephanie Clendenin, Director, Department of State Hospitals (DSH): State Hospitals are congregate living spaces, so there are challenges with the dorm-style living during this COVID-19 crisis. DSH has been working on redesigning operations to mitigate risk and figure out how to provide services in this new environment. Populations at risk are staff, patients, and visitors. During the first 30 days of COVID-19, all staff underwent screening (i.e., temperatures taken for anyone coming in/out of the facility). Hospitals have recently started video conferencing for patients so they can maintain contact with family/support systems. For public health purposes, DSH suspended admissions and discharges (except for those with behavioral health issues coming from CDCR) early in the process, and DSH is now figuring out how to reopen safely. DSH will have to redesign spaces to be able to create some isolation spaces. They are also working to figure out how to admit and quarantine individuals so that they will not pose a risk to staff and other patients. Access to testing and prioritization for testing is going to allow for admissions safely. As part of this work, DSH is determining strategies to address flow in the system, including felony Incompetent to Stand Trial (IST) referrals that are determined by what is in the best interest of health, safety and wellness. DSH is working with conditional release partners to rethink and redesign community services as well. DSH is also working with providers to modify the clinic setting and their engagement with conditional release clients to reduce the risk for clients and staff but still keep those connections that are critical to care.

Department of State Hospitals COVID 19

Brenda Grealish, Chief, Medi-Cal Behavioral Health Division, Department of Health Care Services

(DHCS): Since this emergency was declared, DHCS has worked to file for three 1135 federal waivers and one 1115 waiver. DHCS has submitted a COVID-19 disaster state plan amendment to request for flexibilities in interim policies. DHCS has been able to waive limitations on Drug Medi-Cal Organized Delivery Systems living facilities. Additionally, they have been providing guidance documents and FAQ's to

counties. DHCS is also conducting weekly all county calls to troubleshoot issues, as many counties are only partially operational and some are completely non-operational. Additional information is available on the [DHCS website](#). Lastly, DHCS has provided stakeholder announcements that CALAIM Initiative is being impacted and pushed back.

[DHCS Guidance for Behavioral Health Providers during COVID 19](#)
[DHCS Guidance on Behavioral Health Facility Flexibility](#)

Strategies to Address the Impact of COVID-19 from Partners & Stakeholders

Council Member Tracey Whitney, Deputy District Attorney, Mental Health Liaison, Los Angeles

County District Attorney: In Los Angeles County, the jail population is a serious concern, so they have made positive strides in reducing the number of inmates. The incarcerated population was 17,000 before COVID-19, and now it is down to 12,000. Five thousand inmates have been successfully released; however, many courtrooms are closed, so they have to triage cases. LA County is mitigating risk by:

- 1) Law enforcement is being conservative with arrests
- 2) All efforts are being made to try to keep citizens out of the courthouse
- 3) Courts and jails are using WebEx and video conferencing as much as possible, in lieu of in-person visits
- 4) LA County is prioritizing finding placements for releases, especially for those with behavioral health issues
- 5) Creativity is being implemented to avoid placing individuals in custody where possible

Speaker Jay Jordan, Californians for Safety and Justice: Californians for Safety and Justice participants/members have a survivor base and base of those living with criminal histories. "Shared Safety" is a concept that safety is a collective group responsible for behavioral health and mental health issues. The goal of this group is to intervene before crime happens. Prop 47 reduced nonviolent felonies to misdemeanors. CA for Safety and Justice is in support of the passage of Prop 57 because it allows CDCR to promote earned releases. Recent work includes support of [Hertzberg SB 10](#) to end cash bail, work to help trauma recovery centers expand, and a focus on reentry services so that individuals have an infrastructure to come home to. CA for Safety and Justice feels strongly that there should be a touchpoint for the reentry population with some sort of stabilization when folks are released. In addition to service coordination, this is an extremely important component for those leaving incarceration. The discussion highlights the opportunity to look at public safety issues as public health issues, and if this is done it underscores the need for more collaboration between the state and the local community based organizations (CBO) who are serving individuals when they return home.

Speaker Michelle Cabrera, County Behavioral Health Directors Association (CBHDA): Clients with Serious Mental Illness (SMI) are likely to die 20-28 years earlier than the general population due to underlying medical conditions. Migration to telehealth has been pretty successful at county behavioral health, and services are conducted in person only when necessary. The first month was challenging because there was a huge drop in services, which meant a drop in revenue, and currently, there is no extra new money available at the county level. CBHDA is now working to develop alternative care sites for those that have to quarantine. The no cash bail proposal happened so fast and many of the impacted individuals were likely in need of substance use disorder services (SUDS) and there was a lack of coordination. A lesson for future, if we are talking about large releases, we need more coordination to plan effectively in advance of releases. These SUD populations are more likely to get COVID and more likely to die from COVID. There is a need for state to recognize and prioritize the high needs of individuals with SMI and SUD. Of concern is that patients with serious mental illness and substance use disorders are not flagged as priorities for [Project Roomkey](#). The Mental Health Services Act (MHSA) is looking at a 300 million to 800

million dollar hit in 2019 due to COVID-19. MHSA is the second-largest source of funding for mental health services in the community. As a result of COVID-19, the counties expect to see a surge in behavioral health needs, especially suicide. CBHDA will remain a strong advocate and keep working hard on these issues.

Speaker Le Ondra Clark Harvey, [California Council of Community Behavioral Health Agencies](#)

(CBHA): Some key provider issues include the need for personal protective equipment, the ability to work with less staff, and adapting to serving fewer clients. While providers are using telehealth sessions, they are not able to bill for the same amount of time as an in-person visit, and this is creating a decrease in available funds. Layoffs and furloughs are beginning to happen now, and there are plans for more furloughs. CBHA is advocating for [SB89](#), which provides for a budget of 100 billion dollars. The hope is that behavioral health can get some of that funding relief. Top issues from CBHA members, via survey:

- 1) How to deliver care in congregate care settings
- 2) Losing track of homeless clients, especially those that do not have the technology to stay in contact
- 3) Accessibility of long-acting injectables
- 4) Release of individuals back to communities that do not have proper funding
- 5) Need better coordination between systems that should occur before release
- 6) Certified drug and alcohol counselors may not be able to get certified within one year

Speaker Jeff Powell, peer advocate for [National Alliance on Mental Illness Sacramento \(NAMI\)](#): Peer support is critical when being released from incarceration. NAMI is now doing zoom meetings to engage in peer support, and also to facilitate 12 step program meetings. The primary goal of NAMI is to advocate for peer support in the prisons. Prop 63 was advocating for peer support certification, but often now, they require more education, which some with lived experience may not always have—thereby creating an issue over who can work as peer support.

Speaker Theresa Comstock, [California Association of Local Behavioral Health Boards and Commissions](#) (CALBHBC):

CALBHBC supports 59 boards and commissions. Top 5 Behavioral Health Issues:

- 1) Workforce – California is facing a behavioral health services workforce shortage for older adults
- 2) Board and Care – There is a critical need for more Board and Care facilities statewide
- 3) Continuum of Care – There is a critical need for statewide crisis care continuum for all ages
- 4) Employment – There is a need for successful practices for adults with mental illness
- 5) Children and Youth – There is a need to expand mental health programs at public schools

Funding is diminishing due to COVID-19. CALBHBC is advocating for several waivers and bills to help support these top five issues ([see slides for details](#)).

Critical Issues, Potential Solutions, and Priorities to Address the Impact of COVID-19 to Justice-Involved Individuals with Behavioral Health Challenges

Over the last several weeks CCJBH staff has communicated with locals on the frontlines regarding critical challenges and has kept abreast of federal and local strategies to identify issues, mitigate risks, and to get creative about solutions to not only address the public health crisis but the impact of the budget crisis that has followed. Some of the clear examples of identifying critical issues and potential solutions include:

Critical Issue: Access to necessary medical and behavioral health services in the community upon release is typically a challenge, but with COVID-19, it is a considerable challenge due to reduced hours, staffing, lack of personal protective equipment, etc.

Potential Solution: People released from incarceration need their medication(s). They usually get 10-30 days' supply. It is essential that they receive at least 30 days if available, but for more high risk and high need populations at significant risk of hospitalization, relapses, and even death, 60 to 90 days of medication is optimal. If a jail does not have a pharmacy, they should get a scrip for at least 30 days with no out of pocket cost to them.

Critical Issue: During this time of COVID-19, people have moved to telehealth services. The changes pose significant challenges for those newly released from incarceration because they often lack the technology to pursue those services.

Potential Solution: Provide phones with internet capability to those individuals that are at the highest risk upon release. Providing these services will make it possible for those individuals to use telehealth services while waiting to get in-person appointments. Even if there is no internet available, they can still access some telehealth services. If incarcerated individuals provide consent before release, a provider can contact them shortly after release to check-in and start getting that individual connected to services immediately. Also, facilities can add important numbers into the phone before release. Those phone contacts might include key emergency numbers, telephone numbers to behavioral health services, and suicide prevention lines.

Critical Issue: Individuals with justice-involvement face additional challenges to accessing several of the initiatives put into place to reduce the healthcare and financial crisis COVID-19 has created, for example:

- Criminal histories may explicitly or implicitly exclude individuals from additional housing services to address or prevent homelessness.
- Due to the nature of congregate settings like board and care and sober living homes, and other residential treatment services, access to confidential and private telehealth opportunities are limited, not to mention the cost to individuals who need to have a phone, computer, internet access, etc., to participate in telehealth services. In addition, just being in a congregate setting puts individuals at a higher public health risk.

Potential Solution: The state can continue efforts to ensure that criminal histories do not impede equal access to services and relief programs by automatically clearing criminal records that are eligible under [AB 1076](#). In addition, the state can continue to provide guidance to local Public Housing Authorities regarding best practices to support housing access for the justice-involved, including setting aside a percentage of section 8 vouchers for this population.

Critical Issue: Due to COVID-19, there is a potential loss of more Adult Residential Care Facilities (aka Board and Cares), which currently play a critical role in providing housing and support services.

Potential Solution: Help prevent homelessness by supporting the California Access to Housing and Services Fund, which the Governor proposed, in part, to protect ARC facilities.

Critical Issue: People with lived experience in the criminal/juvenile justice system and/or behavioral health system provide critical and, more importantly, cost-effective and impactful support services and navigation services to those that are returning home from incarceration.

Potential Solution: Move forward with peer certification legislation that has been progressing over the last couple of years. Ensure that individuals with criminal backgrounds have equal employment opportunities under this certification and employment program.

Key Themes and Areas of Consensus:

After thoughtful updates from state and local partners in prevention, diversion and reentry, it is clear at this time of enormous crisis that California is not without some opportunities. At the most basic level, there simply are far fewer individuals incarcerated in May of 2020 than in March of 2020. In California's largest jail, which often is referred to as the largest mental health facility in the country, the Los Angeles County jail population has decreased 31% in eight weeks. For CCJBH there is nothing more important than creating and sustaining community-based treatment alternatives to incarceration. As such, it is imperative now to make sure incarceration rates remain low, that those still incarcerated are so because they are serving sentences or pose safety risks, not because they suffer from serious mental illness or substance use disorders. Below are a few key themes and areas of consensus. We encourage readers to fully review the results of our follow-up survey of meeting participants which is available as an Appendix A in this report.

Keep our Jail and Prison Populations Low – Sustain strategies that support reduced incarceration, including diversion, cash bail reform, pre-trial services, and alternative custody programs, including behavioral health courts. For those that do have to remain in jail, consider working with sheriffs' departments to implement discharge planning for individuals with significant and serious behavioral health challenges, including transportation, housing, and health/ behavioral health services.

Provide State Leadership through Support, Attention, and Resources to Vulnerable Populations in Congregate Living Situations - There is a rising concern about the status and risk to individuals in residential programs, board and care facilities, recovery houses and other congregate living circumstances. These locations house high risk and need populations, operate on low margins and have significant staffing and funding challenges. A concentered state-led effort to stabilize congregate living situations to keep people healthy and housed is critical.

Maximize Medi-Cal and Federal Financial Participation for Behavioral Health Care Services – Some examples to consider:

- *Advocate for Medicaid to be activated 30 days prior to release from incarceration*
- *Implement presumptive eligibility strategies for those leaving jail who need immediate local behavioral health services*
- *County to County Medi-Cal transfers activated within 5 working days of notification*
- *Indefinite Medi-Cal suspension, or simply do not suspend Medi-Cal when someone is incarcerated. This is not so that behavioral health and even broader health conditions unrelated to COVID-19 can be paid for by Medi-Cal, but rather to simplify and expedite the process of individuals exiting incarceration to have Medi-Cal available to cover needed services upon reentry.*
- *Fund necessities (personal protective equipment, sanitary equipment, clean clothes) for this population because they often have extremely low levels of access to basic needs which put them at high risk of COVID-19*
- *Provide 30-60-90 days' worth of medication upon release based on the complexity of needs and perceived length of time for Medi-Cal to be fully activated and able to cover costs of prescriptions*

Next Steps: CCJBH will continue this work in the wake of the release of the Governor's proposed May budget revision with a specific focus on solutions that are cost neutral, will result in future cost avoidance, or support documented cost-effective practices.

Two critical and helpful resources CCJBH recommends in the interim:

1. Release to What: Behavioral Health- Based Strategies to Address COVID-19
<https://www.prainc.com/resource-library/release-what-covid19/>
2. Preparing People for Reentry: Checklist for Correctional Facilities (COVID-19)
https://csgjusticecenter.org/wp-content/uploads/2020/05/DischargePlannerChecklist_6MAY2020508accessible.pdf

Appendix A: Survey Analysis

CCJBH Survey Analysis Impact of COVID-19 May 2020

To ensure feedback from public participants, The Council on Criminal Justice and Behavioral Health (CCJBH) surveyed the participants (roughly 130 stakeholders) from the April Council Meeting addressing the impacts of COVID-19 on the criminal justice and behavioral health community and resources, for their opinions on the critical issues, potential solutions and needed budget or legislative initiatives. Over 15% of the participants completed the survey.

When asked, “What are the critical issues facing individuals in the intersection of behavioral health and justice systems during the COVID-19 public health and fiscal crisis? An array of responses emerged. The most common themes were:

- Financial insecurities
- Lack of mental health/ behavioral health services
- Lack of access to transportation
- Lack of access to technology/cell phone
- Lack of coordination of critical supportive services; medical, behavioral and legal
- Inability to maintain continuity of care
- Concern for the safety of people being released
- Available housing/ housing in safe settings
- Homelessness
- Lack of supervision and oversight from probation
- Community based program providers have no mechanism or ability to stabilize clients that relapse or become aggressive
- Conducting programs and case management in the era of COVID-19, for example, due to lack of technology/cell phone
- Challenge of linking to needed services such as employment, public assistance, social security, CalFresh, and Cal-ID/ Department of Motor Vehicles
- Access to peer support
- The necessity of Medication (90 day supply) due to delays in Medi-Cal activation and other complications due to strained systems

In summary, respondents felt that individuals in the intersection of criminal justice and behavioral health are not only lacking necessities and support services such as, housing, employment, medical, treatment, safety, public assistance, and peer support, but also access to technology such as the internet and a cell phone. These are not luxury items, but necessary to communicate and navigate services during the crisis. Individuals reentering society have enough challenges and now must “reintegrate” into society when sheltering in place leads to inaccessible services and new barriers to care.

When asked, “What are some potential solutions?” The most common responses were:

- A video for soon to be released individuals about the importance and use of screening, personal protective equipment (PPE), social distancing, etc.
- Online workshops, teletherapy, telemedicine, and group meetings

- Funding for: transportation, technology, internet access, and telephones (cell) that can increase access to services
- Establish a California Reentry Commission (CRC)
- Expand local programs in the community
- Dedicated housing in safe areas for individuals coming home
- More oversight and supervision for individuals on probation or taking part in a collaborative court
- Smaller groups in larger rooms for social distancing
- Outside spaces for check-in and discussions
- Job training for jobs that will be more likely in the wake of COVID-19
- Trauma-Informed workshops
- Incentives to communities to change zoning laws to allow for more programs in the community
- Peer-led transitional housing
- More drug and alcohol treatment
- Connections to the community and community based organizations

In summary, respondents commented on the importance of education to inform and prepare individuals of the current status of the world and how that impacts someone who is reentering society. The community has to do things differently to meet the needs of individuals with behavioral health challenges that are justice involved during this crisis. That may mean online workshops, meetings, group meetings, telemedicine, teletherapy, access to internet, technology and cell phones, meetings and check-ins held outdoors, and smaller meetings in larger rooms to support social distancing. This new norm may result in more supervision and oversight in the community but delivered in improved ways. Other potential solutions were enhanced employment services and job training for future jobs, peer-led transitional housing in safe areas, and other peer services that connect and support individuals in the community.

When asked, “What are the critical issues to preserve in the State Budget?” The most common responses were:

- Funding specific for individuals impacted by serious mental illness and are justice involved
- Funding for Board and Care (Adult Residential) Facilities
- Funding for in-home treatment
- Create California Reentry Commissions
- Ensure access to mental health services for justice involved individuals
- Funding and community support for case-management, housing, in-custody psychiatric services, discharge planning in jails, collaborative courts
- Transitional housing
- Drug and alcohol treatment
- 90-day medication supply at release

Although the state is facing an economic downturn due to the COVID-19 pandemic, respondents expressed the essential need for mental health and substance use disorder services. In addition, in-home services (telehealth), housing (especially Board and Care Facilities), case management services, discharge planning in jails, and increased medication supply for individuals releasing from jail and prison were also identified as critical issues to preserve in the budget. CCJBH will utilize this information in further budget analysis and when developing recommendations and guidance to the Administration to mitigate negative outcomes associated with the cuts and reductions proposed in the May Revision due to the recession caused by COVID-19.

When asked, “What legislative priorities should remain this session to address COVID-19 that impact criminal justice and behavioral health communities?” The most common responses were:

- Funding related to outpatient programs
- Establish the California Reentry Commission
- SUD treatment through MHSA
- Housing for individuals going through reentry
- Reentry services
- Job training
- Peer Certification
- Medi-Cal Reform
- Early release standards
- Bail Reform

Although most legislation from the 2019-2020 legislative session has been postponed, awaiting a hearing, or slowly going through the process, CCJBH will track and monitor legislation that consists of the critical priorities that were prioritized by the respondents.

Additional Comments:

- Additional resources should be allocated for video conferencing between behavioral health professionals and incarcerated clients
- This is a marginalized population that need consistent services and should be prioritized
- Non-profits and peers are vital to the process and service delivery
- Only those who have committed or been convicted of serious felonies with mental illness should be treated in state hospitals, prison, or jail and all others belong in the community with equal access to treatment just like anyone else
- Bail reform is great, but need a more coordinated way of providing continuity of care in cases of rapid turnaround from jail to the community
- More collaboration amongst agencies to refer clients to needed services
- Self-Awareness & Recovery (SAR) is available to provide re-entry and warm hand-off services to anyone in Sacramento County